

FORM LETTER ON LETTERHEAD

Date

Consumer Name (or legal guardian or parent if a minor)  
Address

RE: HIPAA Complaint

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), you filed a complaint related to the use or disclosure of your PHI with this facility. This letter is to inform you of the results of that complaint.

Our investigation has indicated that no HIPAA violation has occurred, and therefore the complaint will be considered closed.

If you disagree with the resolution of this complaint, you may request that your complaint form be forwarded to the Central Office Privacy Office for review. Please advise the person who signed this letter that you want your complaint form sent to the Central Office Privacy Office.

Very truly yours,

Facility Privacy Officer or designee  
Facility address and PO or designee telephone number